IMPLEMENTATION AND IMPACT CHECK:	School□	District	
District Name:			Component Manager:
School Name:			Current Date:

Strategy	Status*		S*	Evidence of Implementation Report on Impact		Rubric Score				
Number and label	I	PI	NI	List evidence	Impact on teaching and learning		3	2	1	0

^{*} I=Implement; IP=Implemented Partially; NI=Not Implemented